

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)					2. Sex	3. Date of Death (Month/Day/Year)
	RICHARD NEHMAN GLUSS					MALE	AUGUST 17, 2019
	4. Social Security Number	5a. Age (Years)	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year)	7. Birthplace (City and State or Foreign Country)	
	296-48-1611	68			MARCH 28, 1951	CLEVELAND, OHIO	
	8a. Residence State		8b. County		8c. City or Town		
	OHIO		CUYAHOGA		NORTH OLMSTED		
	8d. Street Address and Zip Code						
	23225 LORAIN ROAD 44070						
	10. Marital Status at Time of Death					9. Ever in US Armed Forces?	
	DIVORCED (AND NOT REMARRIED)					NO	
DISPOSITION	12. Decedent's Education			13. Decedent of Hispanic Origin	14. Decedent's Race		
	HIGH SCHOOL GRADUATE OR GED			NO	WHITE		
	15. Father's Name			16. Mother's Name (prior to first marriage)			
	JOHN GLUSS			MAUDE ISAAC			
	17a. Informant's Name			17b. Relationship to Decedent	17c. Mailing Address (Street and Number, City, State, Zip Code)		
	CHAD MICHAEL GLUSS			SON	26899 LOCUST DRIVE OLMSTED FALLS, OHIO 44138		
	18a. Place of Death			18c. City or Town, State and Zip Code			
	HOSPITAL - INPATIENT			CLEVELAND, OH 44111			
	18b. Facility Name (If not institution, give street & number)			18d. County of Death			
	FAIRVIEW HOSPITAL			CUYAHOGA			
CERTIFIER	19. Funeral Service Licensee or Other Agent			20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility	
	THEODORE J KIRSH			008247		BUSCH FUNERAL HOME 7501 RIDGE RD PARMA, OH 44129	
	22. Method and Place of Disposition			23. Local Registrar			
	CREMATION - BUSCH CREMATORY, PARMA, OH			Andrea Kacinari			
				24. Date Filed (Month/Day/Year)			
				8-22-2019			
	25a. Certifier (Check only one)						
	<input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.						
	<input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.						
	25b. Time of Death		25c. Date Pronounced Dead (Month/Day/Year)		25d. Was Case Referred to Medical Examiner or Coroner?		
1200		B-17-19		NO			
25e. Certifier Name and Title		25f. License number		25g. Date Signed (Month/Day/Year)			
Oliver M.D.		35.080070		08-19-19			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death							
NITIN S. GOVANI, 15644 MADISON AVENUE SUITE 211, LAKEWOOD, OH 44107							
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.							
Immediate Cause (Final disease or condition resulting in death)					Approximate Interval: Onset and Death		
a. CARDIO RESPIRATORY FAILURE					8 Hrs		
Sequitally list conditions, if any, leading to immediate cause.							
b. Due to (or as Consequence of) SEPSIS					8 Hrs		
c. Due to (or as Consequence of)							
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)							
d. Due to (or as Consequence of)							
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
30. Did Tobacco Use Contribute to Death?					29a. Was An Autopsy Performed?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. If Female, Pregnancy Status					29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?		
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable		
32. Manner of Death							
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined							
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		33d. Injury at Work?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)							
33f. Describe How Injury Occurred:							
33g. If Transportation Injury, Specify:							
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other.							